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Bib Data Sheet

CONFIRMATION NO. 7990

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|------------------------------------|---|---------------------|-------------------------------|--|
| <b>SERIAL NUMBER</b><br>10/644,703 | <b>FILING OR 371(c) DATE</b><br>08/19/2003<br><b>RULE</b> | <b>CLASS</b><br>530 | <b>GROUP ART UNIT</b><br>1647 | <b>ATTORNEY DOCKET NO.</b><br>30817-1008-CIP |
|------------------------------------|---|---------------------|-------------------------------|--|

**APPLICANTS**

Louis A. Pena, Poquott, NY;  
 Paul O. Zamora, Gaithersburg, MD;  
 Xinhua Lin, Plainview, NY;  
 John D. Glass, Shoreham, NY;

**\*\* CONTINUING DATA \*\*\*\*\***

This application is a CIP of 10/224,268 08/20/2002 PAT 7,166,574

06/21/2007 ID

**\*\* FOREIGN APPLICATIONS \*\*\*\*\***

none 06/21/2007 ID

**IF REQUIRED, FOREIGN FILING LICENSE GRANTED \*\* SMALL ENTITY \*\***  
 \*\* 01/09/2004

|  |                               |                             |                           |                                |  |
|--|-------------------------------|-----------------------------|---------------------------|--------------------------------|--|
| Foreign Priority claimed<br><input type="checkbox"/> yes <input checked="" type="checkbox"/> no  | <b>STATE OR COUNTRY</b><br>NY | <b>SHEETS DRAWING</b><br>10 | <b>TOTAL CLAIMS</b><br>59 | <b>INDEPENDENT CLAIMS</b><br>2 |  |
| 35 USC 119 (a-d) conditions met<br><input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance |                               |                             |                           |                                |  |
| Verified and Acknowledged  | Examiner's Signature          | Initials                    |                           |                                |  |

**ADDRESS**

5179

**TITLE**

Synthetic heparin-binding factor analogs

|                                   |   |  |
|-----------------------------------|---|--|
| <b>FILING FEE RECEIVED</b><br>929 | FEES: Authority has been given in Paper<br>No. _____ to charge/credit DEPOSIT ACCOUNT<br>No. _____ for following: | <input type="checkbox"/> All Fees                              |
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